



Bristol Town Hall, Town Clerk's Office, 10 Court Street, Bristol, Rhode Island 02809

## Application for a Certified Copy of a Death Record

Please complete ALL items 1-5 below:

1.	Please fill in the information below for the person whose death record you are requesting:
	Full name
	Date of death Place of death (city/town/hospital name)
	Name of spouse/civil union partner/registered domestic partner (if applicable)
	Mother/Parent's full birth name
	Father/Parent's full birth name
2.	Complete <u>one</u> of the following: I am applying for the death record of:
	my parent my spouse/civil union partner/registered domestic partner my child
	my grandparent other relative (specify)
	my client. I'm an attorney representing:
	The name of the law firm is:
	my client. I am an insurance company representative. The name of the insurance company is:
	another person (please specify):
3.	Why do you need this record? (We ask this question so that we can supply you with a certified copy that
	will be suitable for your needs.)
	probate Social Security Administration veteran's benefits property title
	foreign gov't other use (please specify):
4.	Walk-In Copies cost \$22.00. Mail-In Copies cost \$25.00. Any additional copies of this record purchased this same day cost \$18.00 each.
	How many do you want?(Check/Money Order Payable to: (Town of Bristol )
5.	I hereby state that the information supplied in item #2 above is true and that I am not in violation of Section 23-3-28 of the General Laws of Rhode Island (printed on the reverse side of this form).  ATTACH PHOTOCOPY OF VALID GOVERNMENT ISSUED PICTURE ID Please sign
	Please sign signature of person completing this form date signed
	Print your name(
	Print your address
	street or mailing address city/town state zip code
	Type of Picture ID: ID Number: ID Issued by: